

Uniformed Services University of the Health Sciences
F. Edward Hébert School of Medicine
 Application for Admission to Graduate Study

(Type in all information)

Part I - Personal Data				
Application for Admission to Graduate Study in the (Department or Program)	Field of Interest	Academic Degree you will seek <input type="checkbox"/> M.P.H. <input type="checkbox"/> M.T.M.&H. <input type="checkbox"/> Ph.D. <input type="checkbox"/> Dr. P.H.		Application to begin study (Academic Year)
	Name (Last, First, Middle)		DOB (M/D/YR)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Social Security Number	Citizen of (Indicate Country) <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____	Birth Place (City, County, State)		State of Legal Residence
Mailing Address (Street, City, State, Zip Code)	Phone H () W ()	Permanent Address (Street, City, State, Zip Code)		Phone H () W ()
Are you currently on active duty in the Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch of Service _____ Rank _____ Corps _____ Entry Date _____				
Indicate your racial/ethnic background (Response Optional) <div style="display: flex; justify-content: space-between;"> <div> Enter letter code from right _____ </div> <div> B = African American/Black I = American Indian W = Caucasian/White M = Mexican-American/Chicano </div> <div> A = Asian American/Asian P = Puerto Rican (mainland) R = Puerto Rican (commonwealth) </div> <div> C = Cuban Z = Prefer not to respond X = Other _____ (specify) </div> </div>				
Indicate any physical handicap you have: Eyesight _____ Hearing _____ Speech _____ Loss of Limb _____ Other _____				
Part II - Education				
Secondary School (Name, City, State)		year of graduation		
College Awarding Baccalaureate/Master's Degree(s), and other post-secondary schools attended (Institution, City, State)	<u>Dates of Attendance</u> From / To	Major	Degree Received or Expected	Date of Degree
	/			
	/			
	/			
	/			
Have you taken the Graduate Record Examination? Yes ____ No ____ ... if yes, have scores sent to the Associate Dean for Graduate Education, Uniformed Services University of the Health Sciences and please list: NOTE: The graduate record examination must have been taken within two years of the date of this application.	Tests		Scores	Percentile
	Verbal			
	Quantitative			
	Analytical			
	Advanced			

ABSTRACT OF COURSES: List all courses that are required as prerequisites or that are relevant to the graduate program for which you are applying. Include all courses you expect to have completed by June, giving descriptive course titles and all grades received. Group courses under separate subject heading in the order taken. If you need more space, attach an additional sheet to this page.

[illegible]

You must make arrangements for official transcripts from each college, university or graduate school you have attended to be sent by the institution DIRECTLY to the Associate Dean for Graduate Education, Uniformed Services University of the Health Sciences. The deadline for receipt of transcripts by USUHS is February 15 (January 15 for Clinical Psychology).

Request three faculty members who are acquainted with you and your academic work to send statements of your qualifications for graduate study DIRECTLY to the Associate Dean for Graduate Education, Uniformed Services University of the Health Sciences. These letters should include a statement of your aptitude and promise for independent research. Provide the following information concerning your references:

Name	Department	Institution (or address if non-academic)	Date of Request

Check Appropriate Box	Yes	No	If Yes, Give Explanation
Have you previously applied for admission to graduate study at USUHS? What academic year? What was the result?			
Have you previously applied for admission to another graduate or medical school? What academic year? What was the result?			
Apart from summer school work, have you transferred from one college or university to another?			
Have you ever been withdrawn from or repeated a term in any college or university?			
Have you ever been dismissed from or denied readmission to any college or university?			
Do you consider anything about your academic record or career pattern to be unusual?			
Have you received any academic honors, prizes, or scholarships?			
Have you been elected to any honor societies?			
Have you published any abstracts, articles, books? Do you have any inventions patented?			
Can you read any foreign language? Indicate language and college proficiency, Elementary, Intermediate, Advanced.			

Employment Experience: List all employment since high school including part-time jobs while in college or university:			
Employer	Name of Immediate Supervisor	Job Description	Dates From / To
			/
			/
			/

If you need more space, attach an additional sheet to this page.

Account for any periods of time since secondary school, three months or longer in duration, that are not accounted for.

Statement of Purpose: Write a brief statement concerning your past experience, your goals for graduate study and career plans in your field of interest (if necessary you may use one extra sheet of paper and attach it to the top of this page):

Privacy Act Statement: The information solicited in all Uniformed Services University of the Health Sciences application materials is governed by the Privacy Act. The following information is provided for your guidance.

1. The collecting of information about applicants is authorized by Title 5 USC 301 and 10 USC 2114.
2. The purpose of applicant records is to provide information upon which to base USUHS admissions decisions. Social Security Numbers are used to identify records and as a safeguard against error in compiling individual applicants' records.
3. Routine uses of this information will include, in addition to admissions decisions, related research and statistical endeavors designed to improve the admissions process.
4. The submission of information is voluntary on the part of applicants. However, applicants should be aware that failure to complete this form may delay processing and/or increase the probability of accidental mishandling of applications or result in denial of your application.

I have read and understand the instructions (including the Privacy Act Statement). I certify that the information submitted in this application form is complete and correct to the best of my knowledge and I understand that any misrepresentation may be cause for denial of admission.

Signature _____

Date _____